



## United States Environmental Protection Agency (EPA)

## Region 2

290 Broadway

New York, NY 10007-1866

## Underground Storage Tank (UST) Inspection Form

INSPECTOR NAME(S):

JEFF BLAIR

DATE:

09/12/16

SIC CODE:

ICIS #:

<b>I. Location of Tank(s)</b> <input type="checkbox"/> Tribal		<b>II. Ownership of Tank(s)</b> <input checked="" type="checkbox"/> Same as location (I.)	
Facility Name <u>DELTA HEMPSTEAD BLVD PETROLEUM CORP.</u>		Owner Name <u>UNITED GAS CORP.</u>	
Street Address <u>510 UNIONDALE AVENUE</u>		Street Address _____	
City <u>UNIONDALE,</u>	State <u>NY</u>	City _____	State _____
Zip Code <u>11553</u>		Zip Code _____	
County <u>NASSAU</u>		County _____	
Phone Number <u>(516) 538-2975</u>		Phone Number _____	
Fax Number _____		Fax Number _____	
Contact Person(s) <u>MURAT ERGIN, STORE MGR.</u>		Contact Person(s) <u>ADIL BAYAT, OWNER</u>	

  
**IIA. Ownership of Other Facilities**  
☐ Do you own other UST Facilities Yes No  
 If Yes, How many Facilities \_\_\_\_\_ How many USTs \_\_\_\_\_  
OPERATOR INDICATED HE DID NOT KNOW HOW MANY SITES OR TANKS
  
**III. Notification**  
☐ Notification to implementing agency; name \_\_\_\_\_  
 State Facility ID # NAU 36834  
NASSAU GO FIRE (EFFECTIVE THROUGH 03/31/20)
  
**IV. Financial Responsibility** UNITED SPECIALTY INSURANCE CO (EXPIRES 04/14/17)  
☐ State Fund \_\_\_\_\_ ☒ Private Insurance: Insurer/Policy # USA 4126805  
☐ Guarantee ☐ Surety Bond ☐ Letter of Credit  
☐ Local Government ☐ Self Insured ☐ Not Required (Federal & State government, hazardous substance USTs)
   
**V. Release History** N/A ☒
  
☐ To your knowledge, are there any public or private Drinking Water Wells in the vicinity? Yes No
  
☐ Evidence of release or spills at facility ☐ Greater than 25 gallons (estimate)  
☐ Releases reported to implementing agency; if so, date(s) \_\_\_\_\_ [280.53]  
☐ Release confirmed; when and how \_\_\_\_\_  
☐ Initial abatement measures and site characterization ☐ Free product removal  
☐ Soil or ground water contamination ☐ Corrective action plan submitted  
☐ Remediation ongoing ☐ Remediation completed, no further action; date(s) \_\_\_\_\_
   
 Notes: PREVIOUS EPA INSPECTION BY JEFF BLAIR ON 10/22/14 OPERATOR CLAIMS UMBRELLA INSURANCE ALSO COVERS THE USTs

VI. Tank Information	Tank No.	55581	55582	55583			
Tank presently in use		YES	→				
If not, date last used (see Section XII)							
If empty, verify 1" or less left (see Section XII)							
Capacity of Tank (gal)		6000 G	→				
Substance Stored		REG GAS	→	PRE GAS			
M/Y Tank <u>installed</u> / Upgraded		09/92	→				
<u>Tank Construction:</u> Bare steel, Sti-P3, Retrofitted sacrificial anode, Impressed Current, Composite, FRP, Interior lining, Vaulted, Double-walled (DW)		FRP	→				
Spill Prevention		SPILL BUCKETS	→				
Overfill Prevention (specify type)		*NO*	→				
<u>Special Configuration:</u> Compartmentalized, Manifolded		MANIFOLDED	→	NO			

VII. Piping Information							
<u>Piping Type:</u>	Pressure, Suction		PRESSURE	→			
<u>Piping Construction:</u> Bare steel, Sacrificial Anode, Impressed Current, Flex, FRP, Double-walled (DW)			FRP	→			

**Tank and Piping Notes:**

NO VERIFICATION OF OVERFILL PREVENTION ON ANY TANK

VIII. Cathodic Protection		N/A	✓				
Integrity Assessment conducted prior to upgrade							
<u>Interior Lining:</u>	Interior lining inspected						
<u>Impressed Current:</u>	CP Test records						
	Rectifier inspection records						
<u>Sacrificial Anode:</u>	CP test records	✓	✓	✓			

**CP Notes:** ✓



Tank No.	55581	55582	55583			
IX. UST system used solely by Emergency Power Generator	No	→				

## X. Release Detection

N/A ☐

<u>Tank RD Methods</u>	ATG					
	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	Inventory Control w/ TTT					
	Manual Tank Gauging					
	Manual Tank Gauging w/ TTT	YES	→			
	SIR					
<u>12 Months</u> (Must Make Available Last 12 Months Monitoring Records For Compliance)	NO	→				

Tank RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

PERFORMING MANUAL TANK GAUGING AND 10-DAY RECONCILIATION  
TANKS TOO LARGE TO USE THIS METHOD

<u>Pressurized Piping RD Methods</u>	N/A <input type="checkbox"/>					
<u>12 Months Monitoring Records</u>	Interstitial Monitoring					
	Groundwater Monitoring					
	Vapor Monitoring					
	SIR					
<u>ALLD</u>	Annual Line Tightness Test	YES	→			
	Present	YES	→			
	Annual Test	YES	→			

Piping RD Notes: (State What Months Records Were Available, Describe Any Failures and Describe What Investigation Occurred Due to Failure)

I REVIEWED TEST SUMMARY SHEET, INDICATING ALL  
LINES + LEAK DETECTORS PASSED TESTS  
(TEST DATE → 12/02/15)

## XI. Repairs

N/A ☒

Repaired tanks and piping are tightness tested within 30 days of repair completion

Y ☐ N ☐ Unknown ☐

CP systems are tested/inspected within 6 months of repair of any cathodically protected UST system

Y ☐ N ☐ Unknown ☐

Records of repairs are maintained

Y ☐ N ☐ Unknown ☐

## XII. Temporary Closure

N/A ☒

CP continues to be maintained

Y ☐ N ☐ Unknown ☐

UST system contains product and release detection is performed

Y ☐ N ☐ Unknown ☐

Cap and secure all lines, pumps, manways

Y ☐ N ☐ Unknown ☐

Notes:



THE UNITED STATES ENVIRONMENTAL PROTECTION AGENCY (EPA) REGION 2 UST  
PROGRAM

Underground Storage Tank Team  
New York, NY 10007-1866

Facility Name DELTA HEMPSTEAD BLVD  
Address PETROLEUM CORP  
UST Reg # 510 UNIONDALE AVE, UNIONDALE  
NAU 36834

**Inspector Observation Report**  
*Inspection of Underground Storage Tanks (USTs)*

☐ No violations observed at the conclusion of this inspection.

☐ The above named facility was inspected by a duly authorized representative of EPA Region 2, and the following are the inspector's observations and/or recommended corrective action(s):

Potential Violations Observed:

Regulatory Citation	Violation Description
§ 280.21(d)	POSSIBLE FAILURE TO PROVIDE OVERFILL PREVENTION SYSTEM FOR
§	AN EXISTING TANK
§ 280.40(c)(1)	POSSIBLE FAILURE TO PROVIDE ADEQUATE RELEASE DETECTION METHOD
§	CAPABLE OF DETECTING A RELEASE FROM TANK THAT CONTINUOUSLY
§	ROUTINELY CONTAINS PRODUCT
§	
§	
§	

Actions Taken:

☐ Field Citation; # \_\_\_\_\_ ☐ Additional information required ☐ On-site request/Due date \_\_\_\_\_

Comments/Recommendations:

- NO VERIFICATION OF OVERFILL PREVENTION ON ANY TANK
- PERFORMING OVER MANUAL TANK GAGING ON TANKS
- + 10-DAY RECONCILIATION

Name of Owner/Operator Representative:

MURAT ERGIN

(Please print)

(Signature)

Other Participants: \_\_\_\_\_

Name of EPA Inspector/representative

JEFFREY K BLAIR

(Please print)

Jeffrey K Blair

(Signature)

(Credential Number)

Date of Inspection 09/12/16 Time 1:00 AM/PM PM

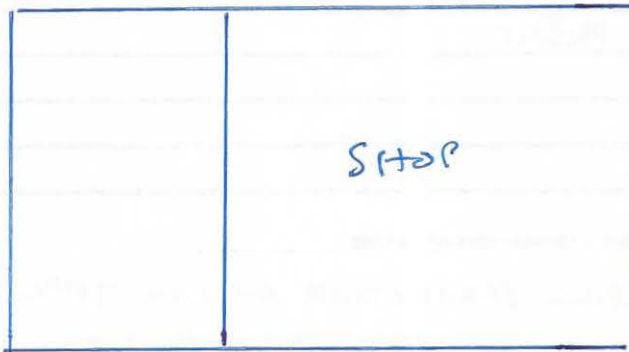
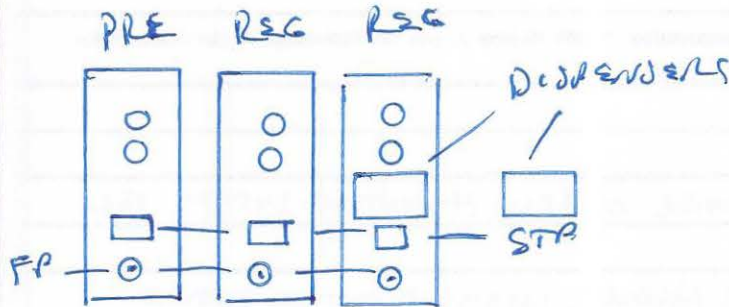


# SITE DRAWING

DATE: 09/12/16 TIME ON SITE: 11:40 AM TIME OFF SITE: 1:00 PM

WEATHER: 75° + SUNNY

ENVIRONMENTALLY SENSITIVE AREA: Y ☐ N ☒  
If "Yes", please describe:



GPS MAP UST:

40.70249°N  
-73.59306°W

PITSTOP

- 160 <sup>UST</sup> REGISTRATION
- 161 LK DEST/LINE TEST
- 162 FP PRE
- 163 STOP PRE
- 164 FP REG
- 165 STOP REG
- 166 FP REG
- 167 STOP REG
- 168 FUEL PAD
- 169 INSURANCE POLICY
- 170 SITE

☒ Pictures

**Required Fields to be used for ICIS Only**Compliance Monitoring

Activity: UST Inspection

Inspection Conclusion Data Sheet1) Did you observe deficiencies (preferred violations) during the on-site inspection? **YES**Deficiencies observed: (Put an **X** for each observed deficiency)☒ Potential failure to complete or submit a notification, report, certification, or manifest☒ Potential failure to follow or develop a required management practice or procedure☒ Potential failure to maintain a record or failure to disclose a document☐ Potential failure to maintain/inspect/repair meters, sensors, and recording equipment☐ Potential failure to report regulated events, such as spills, accidents, etc.2) If you observed deficiencies, did you communicate the deficiencies to the Facility during the inspection? **Yes / No**3) Did you observe the Facility take any actions during the inspection to address the deficiencies noted? **Yes / No**

If yes, what actions were taken?

4) Did you provide general Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during Inspections? **Yes / No**5) Did you provide site-specific Compliance Assistance in accordance with the policy on the role of the EPA Inspector in providing Compliance Assistance during the inspection? **Yes / No**

→ TANKS ARE SCHEDULED FOR REPLACEMENT IN FIRST WEEK OR TWO IN OCTOBER

### Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
I. Spill Prevention	1	Spill prevention device is present and functional. [280.20(c)(1)(i), 280.21(d)]		✓	
II. Overfill Prevention	2	Overfill prevention device is present and operational. [280.20(c)(1)(ii), 280.21(d)]			✓
		<input type="checkbox"/> Automatic shutoff is operational (ie., device not tampered with or inoperable ) [280.20(c)(1)(ii)(A), 280.21(d)]  <input type="checkbox"/> Alarm is operational. [280.20(c)(1) (ii)(B), 280.21(d)]  <input type="checkbox"/> Alarm is audible or visible to delivery driver. [280.20(c)(1) (ii)(B), 280.21(d)]  <input type="checkbox"/> Ball float is operational. [280.20(c)(1)(ii)(B), 280.21(d)]			
III a. Operation and Maintenance	3	Repaired tanks and piping were tightness tested within 30 days of repair completion (not required w/internal inspections or if monthly monitoring is in use). [280.33(d)]	✓		
III b. Operation and Maintenance of Corrosion Protection	4	CP systems were tested/inspected within 6 months of repair of any cathodically protected UST system. [280.33(e)]	✓		
	5	Corrosion protection system is properly operated and maintained to provide continuous protection. [280.31(a)(b), 280.70(a)]  <input type="checkbox"/> UST system (Choose one) <input type="checkbox"/> UST in operation <input type="checkbox"/> UST in temporary closure  <input type="checkbox"/> CP System is properly operated and maintained <input type="checkbox"/> CP system is performing adequately based on results of testing. [280.31(b)]; - or - <input type="checkbox"/> CP system tested within required period and operator is conducting or has completed appropriate repair in response to test results reflecting CP system not providing adequate protection.	✓		



# Release Prevention Compliance Measures Matrix

Regulatory Subject Area	Measure #	SOC Measure / Federal Citation	In Compliance?		
			N/A	Y	N
III b. Operation and Maintenance of Corrosion Protection (Continued)	6	UST systems with impressed current cathodic protection are inspected every 60 days. [280.31(c)]	✓		
	7	Lined tanks are inspected periodically and lining is in compliance. [280.21(b)(1)(ii)]	✓		
IV. Tank and Piping Corrosion Protection	8	Buried metal tank and piping (which includes fittings, connections, etc.) is corrosion protected. [280.20(a), 280.20(b), 280.21(b), 280.21(c)]		✓	
		<input type="checkbox"/> Buried metal piping components (such as swing joints, flex-connector, etc.) are isolated from the soil or cathodically protected.  For new USTs - tanks and piping installed after 12/22/88 [280.20(a), 280.20(b)]:  <input type="checkbox"/> Steel tank or piping is coated with suitable dielectric material and cathodically protected. [280.20(a)(2), 280.20(b)(2)] <input checked="" type="checkbox"/> Tank is fiberglass, clad, or jacketed and piping is fiberglass or flexible plastic. [280.20(a)(1), 280.20(a)(3), 280.20(a)(5), 280.20(b)(1), 280.20(b)(4)]  <input type="checkbox"/> Records are available to document that CP is not necessary. [280.20(a)(4)(ii), 280.20(b)(3)(ii)]  For existing USTs - tanks and piping installed on or before 12/22/88 [280.21(b), 280.21(c)]: <input type="checkbox"/>  Tank and piping meet new UST requirements [280.21(a)(1)]  <input type="checkbox"/> Steel tank is internally lined. [280.21 (b)]  <input type="checkbox"/> Metal tank and piping are cathodically protected. [280.21(b)(2), 280.21(c)]	INSTANCE DATE 4/30/15 CG/32		

Notes: N/A - Indicates that the measure is not applicable.

Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Prevention Compliance Measures. In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

## Release Detection Compliance Measures Matrix

*Instructions - To Determine Compliance Status of Measures #1-7,  
Work Through the Worksheet "Commonly Used Release Detection Methods" Below.*

Regulatory Subject Area	Measure #	SOC Measure/ Federal Citation	In Compliance?		
			N/A	Y	N
<b>I. Release Detection Method Presence and Performance Requirements</b>	1	Release detection method is present. [280.40(a)]		✓	
	2	Release detection system is operating properly (i.e., able to detect a release from any portion of the system that routinely contains product). [(280.40(a)(1)]			✓
	3	Release detection system meets the performance standards at 280.43 or 280.44. [(280.40(a)(3)]			✓
	4	Implementing agency has been notified of suspected release as required. [(280.40(b)] <input type="checkbox"/> Non-passing results reported and resolved in accordance with implementing agency's directions. [280.40(b)]	✓		
<b>II. Release Detection Testing</b>	5	Tanks and piping are monitored monthly for releases and records are available (must have records for the two most recent consecutive months and for 8 months of the last 12 months). [280.41(a), and 280.45(b)]			✓
<b>III. Hazardous Substance UST Systems</b>	6	Hazardous substance UST system leak detection meets the requirements (i.e., either secondarily contained or otherwise approved by the implementing agency). [280.42(b)]	✓		
<b>IV. Temporary Closure</b>	7	Release detection requirements are complied with (i.e., method present, operational, releases investigated and reported as required) for UST systems containing product. [280.70(a)]	✓		

### Worksheet - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			<b>A. Inventory Control with Tank Tightness Testing (T.T.T)</b> <input type="checkbox"/> Inventory control is conducted properly. <input type="checkbox"/> T.T.T. performed as required (See "D" below). <input type="checkbox"/> Inventory volume measurements for inputs, withdrawals, and remaining amounts are recorded each operating day and reconciled as required. [280.43(a)(1), 280.43(a)(3)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(a)(2)] <input type="checkbox"/> Product dispensing is metered and recorded within local standards for meter calibration to required accuracy. [280.43(a)(5)] <input type="checkbox"/> Water is monitored at least monthly. [280.43(a)(6)]



# Release Detection Compliance Measures Matrix

## Worksheet (Continued) - Commonly Used Release Detection Methods

Tank (Choose one)	Pressurized Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
<input type="checkbox"/>			<b>B. Automatic Tank Gauge (ATG)</b> <input type="checkbox"/> ATG is set up properly. [280.40(a)(2)] <input type="checkbox"/> ATG can detect a 0.2 gal/hr leak rate from any portion of the tank routinely containing product. [280.43(d)(1)] <input type="checkbox"/> ATG is checking portion of tank that routinely contains product. [280.40(a)(1)]
<input type="checkbox"/>			<b>C. Manual Tank Gauging (MTG)</b> <input type="checkbox"/> Tank size is appropriate for using MTG. [280.43(b)(5)] <input type="checkbox"/> Tanks 1001 gals (as per EPA memo) and greater restricted to use with T.T.T. (See "D" below) <input type="checkbox"/> Method is being conducted correctly. [280.43(b)(4)] <input type="checkbox"/> No liquid was added to or taken out of the tank during the test. [280.43(b)(1)] <input type="checkbox"/> Equipment is capable of 1/8-inch measurement. [280.43(b)(3)]
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>D. Tightness Testing</b> (Safe Suction piping does not require testing) <input checked="" type="checkbox"/> Testing method is capable of detecting a 0.1 gal/hr leak rate from any portion of tank routinely containing product. [280.43(c)] <input checked="" type="checkbox"/> Tightness testing is conducted within specified time frames for method: <input type="checkbox"/> Tanks - every 5 years [280.41(a)(1)] <input checked="" type="checkbox"/> Pressurized Piping - annually [280.41(b)(1)(ii)] <input type="checkbox"/> Non-exempt suction piping - every 3 years [280.41(b)(2)] <input type="checkbox"/> Tightness testing is conducted following manufacturer's instructions. [280.40(a)(3)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>E. Ground Water or Vapor Monitoring</b> <input type="checkbox"/> Ground water in the monitoring well is never more than 20 feet from the ground surface. [280.43(f)(2)] <input type="checkbox"/> Vapor monitoring well is not affected by high ground water. [280.43(e)(3)] <input type="checkbox"/> Site assessment has been done for vapor or ground water monitoring. [280.43(e)(6), 280.43(f)(7)] <input type="checkbox"/> Wells are properly designed and positioned. [280.43(e)(6), 280.43(f)(7)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>F. Interstitial Monitoring</b> <input type="checkbox"/> Secondary containment can be used to detect a release [280.43(g)(1)], 280.43(g)(2)] <input type="checkbox"/> Sensor properly positioned. [280.40(a)(2)]

## Release Detection Compliance Measures Matrix

Worksheet (Continued) - Commonly Used Release Detection Methods			
Tank (Choose one)	Pressurize d Pipe (Choose Two)	Non-exempt Suction Pipe (Choose one)	Release Detection Method
	<input checked="" type="checkbox"/>		<b>G. Automatic Line Leak Detector (ALLD)</b> <input checked="" type="checkbox"/> ALLD is present and operational. [280.44(a)] <input checked="" type="checkbox"/> Annual function test of the ALLD has been conducted and records are available. [280.44(a)]
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>H. Other Methods [e.g., Statistical Inventory Reconciliation (S.I.R.)]</b> <input type="checkbox"/> The method can detect a 0.2 gal/hr leak rate or a release of 150 gal within a month and meet the 95/5 requirement [280.43(h)(1)]; or <input type="checkbox"/> The implementing agency has approved the method as being as effective as tank tightness testing, automatic tank gauging, vapor monitoring, ground water monitoring, or interstitial monitoring and the operator complies with any conditions imposed by agency. [280.43(h)(2)] <input type="checkbox"/> S.I.R. - Results are received within time frame established by implementing agency. [280.41(a) & 280.43(h)]

**Notes:** N/A - Indicates that the measure is not applicable.


Any mark in the "N" (No) column means that the facility is not in Significant Operational Compliance (SOC) with Release Detection Compliance Measures.

In order for a compliance measure to be in SOC, all applicable check-box items must be in compliance.

N/A 36834





LOCATION ID: 36834		STATE OF NEW YORK COUNTY OF NASSAU OFFICE OF FIRE MARSHAL		PERMIT NO. 2010TR00458	
FLAMMABLE/COMBUSTIBLE LIQUID STORAGE TANK REGISTRATION					
LOCATION: DELTA HEMPSTEAD BLVD PETROLEUM CORP, 510 UNIONDALE AVE, UNIONDALE, NY, 11553					
ISSUED TO: NAME		UNITED GAS CORP.		EFFECTIVE DATE: 04/01/2015	
ADDRESS		510 UNIONDALE AVE UNIONDALE, NY, 11553		EXPIRATION DATE: 03/31/2020	
ID	UNIT TYPE	CONTENT	SIZE (gal)	INSTALLED DATE	LAST TEST DATE
55583	OUTDOOR UG HOR S/W F/G	LOW UNLEADED GASOLINE	6,000	Aug 3, 1982	Mar 5, 2012
55582	OUTDOOR UG HOR S/W F/G	LOW UNLEADED GASOLINE	6,000	Aug 3, 1982	Mar 5, 2012
55581	OUTDOOR UG HOR S/W F/G	HIGH UNLEADED GASOLINE	6,000	Aug 3, 1982	Mar 5, 2012
April 1, 2015					
DATE					
		JOHN J. PRIEST, JR. ASST CHIEF FIRE MARSHAL			
MUST BE POSTED IN A CONSPICUOUS LOCATION					



1015 Cambridge Road  
 Plymouth Meeting, PA 19062  
 WORKS CERTIFICATION

610-276-2205  
 610-276-2201 (fax)  
 1-800-831-2200 (toll-free)

STATION INFORMATION

TEST DATE  
 ARRIVAL TIME  
 DEPARTURE TIME  
 TOTAL HRS ON SITE  
 ADDL LABOR HRS

WORK ORDER #  
 SITE NUMBER  
 SITE NAME  
 SITE ADDRESS

WORK PERFORMED

PARTS REPLACED

ADDITIONAL INFORMATION

DISPENSER # AND PRODUCT # NOZZLES WEIGHED  
 TOTAL # DISPENSED PER PRODUCT PER DISPENSER  
 DISPENSER # VALVE # PART LOCK OUT/TAKE OUT  
 TOTAL GALS. DISPENSED PER PRODUCT PER DISPENSER

COMMENTS

SAFETY GEAR REQUIREMENTS

☐ SAFETY VEST  
☐ PROTECTIVE CLOTHING  
☐ BOOTS

☐ GLOVES  
☐ HEARING PROTECTION  
☐ WELDING PVE

☐ SAFETY GLASSES/GOOGLES  
☐ RESPIRATOR  
☐ HARD HAT  
☐ OTHER

CHECK APPROPRIATE ITEMS BY SIGNING OFF ON THE GEAR REQUIREMENTS

☐ ABOVE GROUND WORK &  
 LADDER USAGE

Use for protection on walking surfaces & use of ladders above the ground  
 Use correct work climbing device for climbing that is in good condition and sturdy

☐ BARRIERS & WARNING SIGNS

Use barriers & safety cones to warn others of work activity and potential hazards

☐ CONFINED SPACE ENTRY

Use written authorized signed entry program & permit in accordance with OSHA regulations

☐ EXCAVATION & TRENCHING

Identify location of underground pipelines, shoring & shoring prior to start of work  
 Use appropriate shoring & shoring conditions, shoring procedures when required

☐ LOCKOUT/TAGOUT PROCEDURES

Identify components to be de-energized, tag & lockout, & de-energize prior to start of work

GENERAL SITE SAFETY RULES

1. Safety personnel must be present and be trained by the job boss (job supervisor, foreman, & always safety rules when working outside)
2. Use proper climbing device for climbing. Ladders to be in good condition, used properly, positioned & secured and have a firm foot or primary support
3. Climbing & working must be performed by one person at a time, and at ALL times
4. Climbing & working must be a protected. Correct use of safety harness & fall arrest system is required
5. Use appropriate shoring program & shoring to be used in accordance with OSHA regulations
6. Report ALL safety violations to the job boss, supervisor, foreman, or safety personnel. When unsafe, work should be stopped until violations are fixed

DEALER OR MANAGER NAME (PRINT)

SIGNATURE



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NA030834

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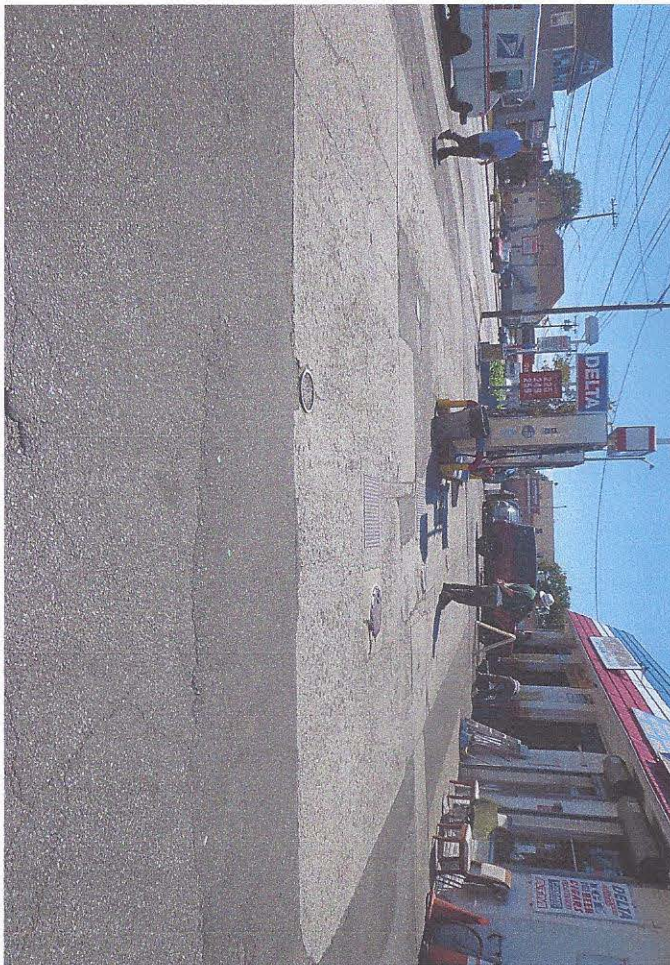
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**United Specialty Insurance Company**  
COMMERCIAL GENERAL LIABILITY COVERAGE PART DECLARATIONS

Policy No: USA 4100000 Effective Date: 04/14/2016  
1201 A.M. Standard Time

**NAMED INSURED:** Kean Petroleum Corp.

LIMITS OF INSURANCE:		
General Aggregate Limit (Other than Product-Completed Operations)	\$	2,000,000
Products-Completed Operations Aggregate Limit	\$	1,000,000
Personal and Advertising Injury Limit	\$	1,000,000
Each Occurrence Limit	\$	1,000,000
Damage to Premises Rented to You	\$	100,000
Medical Expense Limit	\$	5,000

**RETROACTIVE DATE:** (CG 00 02, CGL 0002, CGL 1551 or CGL 1553)  
Coverage A and B of this insurance does not apply to "bodily injury", "property damage", "personal and advertising injury", "personal injury" or "advertising injury" which occurs before the retroactive date shown here: N/A

**DEDUCTIBLE:** Per Claim: \$500  
Bodily Injury Liability & Property Damage Liability Combined  
(this deductible also applies to Personal and Advertising Injury Liability)  
Deductible also applies to Supplementary Payments - Coverages A and B; Defense Expenses Coverages A and B (form CGL 0002 only) ☒ Yes ☐ No

**LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:**  
510 Uniondale Ave., Uniondale, NY 11553

PREMIUM Offer Code	Classification	Prem Basis	RATE		P/Cs	ADVANCED PREMIUM	
			Prem. Op.	Rate		P/Cs	All Other
NY 007 13673 Convenience Food/Gasoline Stores-full service open less than 24 hours Rated As Grocery Stores		\$	72,000	7.128	0.282 \$	Incl \$	1,500 MP
NY 007 13454 Gasoline Pumps used in conjunction with Convenience Store Program		\$	2	413.927	Incl \$	Incl \$	Incl
Assault and Battery - CGL-1717a		Flat				\$	300
49950 Additional Insured - Managers or Lessors of Premises - (Fully Earned)						\$	50

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